



Payment Authorization Sheet

This sheet confirms approval of the following individual(s) to attend the training program identified below and authorizes the vendor to charge the listed tuition amount to the attendee's organization. FAX completed document to: 256-876-3627 or DSN 746-3627.

Course Information

Course Title: _____
Tuition: _____
Location: _____
Date(s): _____
Vendor: _____

Attendee Information

Note: If multiple individuals are participating from the same organization, an attachment may be used identifying the information asterisked below for each attendee.

Name:* _____
Organization: _____
Installation/City: _____
Email:* _____
Commercial Phone:* _____
Supervisor's Name:* _____
Supervisor's Email:* _____

Credit Card Holder Information

Cardholder Name: _____
Commercial Phone: _____
FAX Number: _____
Email: _____

Payment Information (Select one option below) Note: Cancellations after the registration deadline may be subject to a fee. Complete information is contained in the course announcement.

☐ Please charge tuition amount to:
Credit Card Number: _____ Expiration Date: _____
☐ Please contact the cardholder listed above for payment information. (mm/yy)

Receipt Information (Select one option below)

☐ A receipt is not required.
☐ Please send receipt to: _____

Questions: Please call TLC 256 876-2760/DSN 746-2760